

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8731  
Registrar's No. 2214

791

Primary Registration District No. 1003

Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4219 Wyoming Ave. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME William C. Greiser

3. (b) If veteran, name war. no 3. (c) Social Security No. 489-10-6411

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Greiser 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 8, 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 10 25 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business Wholesale Carpets

12. Name Jacob Greiser

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

16. Birthplace France  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Anna Thuesen

(b) Address 4219 Wyoming Ave.

17. (a) Removal-Hearse (b) Date thereof March 6/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo Ill.

18. (a) Signature of funeral director Weick Bros. Und. Co

(b) Address 2201 S. Grand Bl.

19. (a) MAR 5 1940 (b) \_\_\_\_\_  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4219 Wyoming Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd  
year 1940 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Febr 3, 1940, to March 3rd, 1940,  
that I last saw him alive on March 1st, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Embolism

Due to Myocarditis Myocarditis 6 months  
Angina Pectoris

Due to \_\_\_\_\_

Other conditions Influenza 1 month ago  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Henry P. Grail (M. D. or other) MD

Address 2905 Cherokee St. Date signed 3/4/40

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Harry A. Allen

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.